

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

CLAY COPE FOR CONGRESS

ADDRESS (number and street)

53 PECK ROAD



Check if different than previously reported. (ACC)

TORRINGTON

CT

06790

2. FEC IDENTIFICATION NUMBER ▼

C

C00605659

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

CT

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2016

through

M M / D D / Y Y Y Y

03 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer J Kenneth Nowell CPA

Signature of Treasurer

J Kenneth Nowell CPA

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 20 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

CLAY COPE FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	44720.00	44720.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	44720.00	44720.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10979.45	10979.45
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	10979.45	10979.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	33740.55	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 20

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

CLAY COPE FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

41250.00

41250.00

(ii) Unitemized.....

3470.00

3470.00

(iii) TOTAL of contributions from individuals ▶

44720.00

44720.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

44720.00

44720.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

44720.00

44720.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 20

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10979.45	10979.45
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10979.45	10979.45

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	44720.00
25. SUBTOTAL (add Line 23 and Line 24).....	44720.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10979.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	33740.55

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 20

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CLAY COPE FOR CONGRESS

A. Michael Barnes Full Name (Last, First, Middle Initial) Mailing Address 174 Sullivan Farm City New Milford State CT Zip Code 06776 FEC ID number of contributing federal political committee. C Name of Employer GK Mechanical Occupation VP Engineering Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention Election Cycle-to-Date 2700.00			Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2016 Transaction ID : SA11AI.4104 Amount of Each Receipt this Period 2700.00 <input type="checkbox"/> Memo Item
B. David Cappiello Full Name (Last, First, Middle Initial) Mailing Address 301 Old Farm Hill Road City Newtown State CT Zip Code 06470 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Attorney Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention Election Cycle-to-Date 250.00			Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2016 Transaction ID : SA11AI.4145 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
C. Gabriel Carino Full Name (Last, First, Middle Initial) Mailing Address 8 Chapel Hill Road City Sherman State CT Zip Code 06784 FEC ID number of contributing federal political committee. C Name of Employer XL Capital Occupation VP Treasury Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention Election Cycle-to-Date 1000.00			Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2016 Transaction ID : SA11AI.4171 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional).....			3950.00
TOTAL This Period (last page this line number only).....			3950.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
CLAY COPE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Daniel Carter			Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2016		
Mailing Address 14 Katrina Circle			Transaction ID : SA11AI.4211		
City	State	Zip Code	Amount of Each Receipt this Period _____ 250.00		
Bethel	CT	06820	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee.		<input type="text"/> C	Election Cycle-to-Date _____ 250.00		
Name of Employer Tradewind Aviation		Occupation Trainer	Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
B. Full Name (Last, First, Middle Initial) Karen Cushnie					
Mailing Address 44 Mill Pond Road					
City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2016		
Sherman	CT	06784	Transaction ID : SA11AI.4235		
FEC ID number of contributing federal political committee.		<input type="text"/> C	Amount of Each Receipt this Period _____ 250.00		
Name of Employer Self		Occupation Homemaker	<input type="checkbox"/> Memo Item		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date _____ 250.00			
C. Full Name (Last, First, Middle Initial) Lisa Dawson					
Mailing Address 5859 Glendora Avenue					
City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2016		
Dallas	TX	75230	Transaction ID : SA11AI.4231		
FEC ID number of contributing federal political committee.		<input type="text"/> C	Amount of Each Receipt this Period _____ 250.00		
Name of Employer Kim Dawson Agency		Occupation Model Agent	<input type="checkbox"/> Memo Item		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date _____ 250.00			
SUBTOTAL of Receipts This Page (optional).....			_____ 750.00		
TOTAL This Period (last page this line number only).....			_____		

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 20

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CLAY COPE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Robert Dineen

Mailing Address 103 Macedonia Brook Road

City

Kent

State

CT

Zip Code

06757

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired Attorney

Receipt For: 2016

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2016

Transaction ID : SA11AI.4120

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Adam Dunsby

Mailing Address 65 Redding Road

City

Easton

State

CT

Zip Code

06612

FEC ID number of contributing
federal political committee.

C

Name of Employer

Town of Easton

Occupation

First Selectman

Receipt For: 2016

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2016

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Adam Dunsby

Mailing Address 65 Redding Road

City

Easton

State

CT

Zip Code

06612

FEC ID number of contributing
federal political committee.

C

Name of Employer

Town of Easton

Occupation

First Selectman

Receipt For: 2016

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2016

Transaction ID : SA11AI.4216

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3800.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
CLAY COPE FOR CONGRESS

A. Catherine Dunsby Full Name (Last, First, Middle Initial) Mailing Address 65 Redding Road City Easton State CT Zip Code 06612 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Community Volunteer Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention Election Cycle-to-Date 250.00			Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2016 Transaction ID : SA11AI.4153 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
B. Loretta Finck Full Name (Last, First, Middle Initial) Mailing Address 25 Glenbrook Drive City Stamford State CT Zip Code 06902 FEC ID number of contributing federal political committee. C Name of Employer UBS Occupation Investment Manager Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention Election Cycle-to-Date 250.00			Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2016 Transaction ID : SA11AI.4167 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
C. Gary Goldring Full Name (Last, First, Middle Initial) Mailing Address 48 Mill Pond Road City Sherman State CT Zip Code 06784 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Entrepreneur Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention Election Cycle-to-Date 2700.00			Date of Receipt M M / D D / Y Y Y Y 02 / 12 / 2016 Transaction ID : SA11AI.4102 Amount of Each Receipt this Period 2700.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional).....			3200.00
TOTAL This Period (last page this line number only).....			3200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
CLAY COPE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mark Greenberg			Date of Receipt M M / D D / Y Y Y Y 01 / 17 / 2016		
Mailing Address 184 Fern Drive			Transaction ID : SA11AI.4112		
City	State	Zip Code	Amount of Each Receipt this Period _____ 1000.00		
Litchfield	CT	06759	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee.		<input type="text"/> C	Name of Employer Mark Greenberg Real Estate		
Name of Employer Mark Greenberg Real Estate		Occupation Development	Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
Election Cycle-to-Date _____ 1000.00					
B. Full Name (Last, First, Middle Initial) E. Eric Holub			Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2016		
Mailing Address 137 Rte 37 South			Transaction ID : SA11AI.4227		
City	State	Zip Code	Amount of Each Receipt this Period _____ 500.00		
Sherman	CT	06784	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee.		<input type="text"/> C	Name of Employer IBM		
Name of Employer IBM		Occupation VP Director of Finance	Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
Election Cycle-to-Date _____ 500.00					
C. Full Name (Last, First, Middle Initial) Joanne Katsch			Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2016		
Mailing Address 18 Cozier Hill Road			Transaction ID : SA11AI.4229		
City	State	Zip Code	Amount of Each Receipt this Period _____ 250.00		
Sherman	CT	06784	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee.		<input type="text"/> C	Name of Employer CSJ Consulting		
Name of Employer CSJ Consulting		Occupation President	Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
Election Cycle-to-Date _____ 250.00					
SUBTOTAL of Receipts This Page (optional).....			_____ 1750.00		
TOTAL This Period (last page this line number only).....			_____		

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CLAY COPE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Phyllis Marolf Coit

Mailing Address 10290 Gaywood Drive

City

Dallas

State

TX

Zip Code

75229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Homemaker

Receipt For: 2016

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2016

Transaction ID : SA11AI.4165

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Malcolm McClusky

Mailing Address 1191 North Lakeway

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

List Services Corporation

Occupation

President

Receipt For: 2016

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2016

Transaction ID : SA11AI.4233

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Thomas McInerney

Mailing Address 2 Manitou Court

City

Westport

State

CT

Zip Code

06880

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2016

Transaction ID : SA11AI.4133

Amount of Each Receipt this Period

2700.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 20
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CLAY COPE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Linda McMahon			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 05 / 2016		
Mailing Address 14 Hurlingham Court			Transaction ID : SA11AI.4135		
City	State	Zip Code	Amount of Each Receipt this Period _____ 2700.00		
Greenwich	CT	06831	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee.		C _____			
Name of Employer Self		Occupation Executive			
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date _____ 2700.00			
B. Full Name (Last, First, Middle Initial) Linda McMahon			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 05 / 2016		
Mailing Address 14 Hurlingham Court			Transaction ID : SA11AI.4270		
City	State	Zip Code	Amount of Each Receipt this Period _____ 2700.00		
Greenwich	CT	06831	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee.		C _____			
Name of Employer Self		Occupation Executive			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 5400.00			
C. Full Name (Last, First, Middle Initial) Linda McMahon			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 05 / 2016		
Mailing Address 14 Hurlingham Court			Transaction ID : SA11AI.4271		
City	State	Zip Code	Amount of Each Receipt this Period _____ 2700.00		
Greenwich	CT	06831	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee.		C _____			
Name of Employer Self		Occupation Executive			
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 8100.00			
SUBTOTAL of Receipts This Page (optional).....			_____ 8100.00		
TOTAL This Period (last page this line number only).....			_____		

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CLAY COPE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Vincent McMahon**A.**

Mailing Address 14 Hurlingham Court

City

Greenwich

State

CT

Zip Code

06831

FEC ID number of contributing
federal political committee.

C

Name of Employer

WWE

Occupation

Chairman

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2016

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Vincent McMahon**B.**

Mailing Address 14 Hurlingham Court

City

Greenwich

State

CT

Zip Code

06831

FEC ID number of contributing
federal political committee.

C

Name of Employer

WWE

Occupation

Chairman

Receipt For: 2016

☒ Primary☐ General☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2016

Transaction ID : SA11AI.4272

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Vincent McMahon**C.**

Mailing Address 14 Hurlingham Court

City

Greenwich

State

CT

Zip Code

06831

FEC ID number of contributing
federal political committee.

C

Name of Employer

WWE

Occupation

Chairman

Receipt For: 2016

☐ Primary☒ General☐ Other (specify)

Election Cycle-to-Date

8100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2016

Transaction ID : SA11AI.4273

Amount of Each Receipt this Period

2700.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

8100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 20

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
CLAY COPE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Jeanne Olivier			Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2016	
Mailing Address 434 E52nd Street, Apt. 4G			Transaction ID : SA11AI.4118	
City	State	Zip Code		
New York	NY	10022		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 2700.00	
Name of Employer Shearman & Sterling LLP			<input type="checkbox"/> Memo Item	
Occupation Attorney				
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention			Election Cycle-to-Date 2700.00	
B. Full Name (Last, First, Middle Initial) Genilson Palmares			Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2016	
Mailing Address 32 Fairview Avenue			Transaction ID : SA11AI.4175	
City	State	Zip Code		
Danbury	CT	06810		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer La Tribuna			<input type="checkbox"/> Memo Item	
Occupation Publisher				
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention			Election Cycle-to-Date 500.00	
C. Full Name (Last, First, Middle Initial) Roxanne Phillips			Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2016	
Mailing Address 10300 Gaywood Road			Transaction ID : SA11AI.4159	
City	State	Zip Code		
Dallas	TX	75229		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 2700.00	
Name of Employer Self			<input type="checkbox"/> Memo Item	
Occupation Homemaker				
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention			Election Cycle-to-Date 2700.00	
SUBTOTAL of Receipts This Page (optional).....			5900.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 20

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CLAY COPE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Virginia A Scarpa

Mailing Address 315 East 72nd Street, Apt. 11C

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Homemaker

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2016

Transaction ID : SA11AI.4225

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Paul Seeger

Mailing Address 5 Farm Road

City

Sherman

State

CT

Zip Code

06784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Twin AmericaOccupation
VP Engineering

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2016

Transaction ID : SA11AI.4129

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Paul Szymanski

Mailing Address 31 Beach Drive

City

New Milford

State

CT

Zip Code

06776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arthur H. Howland & AssociatesOccupation
Owner

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2016

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 20

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
CLAY COPE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Terrie Wood			Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2016		
Mailing Address 50 St. Nicholas Road			Transaction ID : SA11Al.4139		
City	State	Zip Code	Amount of Each Receipt this Period _____ 500.00		
Darien	CT	06820	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee.		C _____	Amount of Each Receipt this Period _____		
Name of Employer State of Connecticut		Occupation State Representative	<input type="checkbox"/> Memo Item		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date _____ 500.00			
B. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y		
Mailing Address			M M / D D / Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period _____		
FEC ID number of contributing federal political committee.		C _____	<input type="checkbox"/> Memo Item		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____			
C. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y		
Mailing Address			M M / D D / Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period _____		
FEC ID number of contributing federal political committee.		C _____	<input type="checkbox"/> Memo Item		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____			
SUBTOTAL of Receipts This Page (optional).....			_____ 500.00		
TOTAL This Period (last page this line number only).....			_____ 41250.00		

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CLAY COPE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Arrow Printers Inc

Mailing Address 311 Main St

City	State	Zip Code
Ansonia	CT	06401

Purpose of Disbursement
Stationery

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2016

Amount of Each Disbursement this Period

464.75

☐ Memo Item

Transaction ID : SB17.4251

B. Arrow Printers Inc

Mailing Address 311 Main St

City	State	Zip Code
Ansonia	CT	06401

Purpose of Disbursement
Fundraising Letters

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		23		2016

Amount of Each Disbursement this Period

681.70

☐ Memo Item

Transaction ID : SB17.4253

C. Arrow Printers Inc

Mailing Address 311 Main St

City	State	Zip Code
Ansonia	CT	06401

Purpose of Disbursement
Business Cards

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) Convention

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2016

Amount of Each Disbursement this Period

89.33

☐ Memo Item

Transaction ID : SB17.4259

SUBTOTAL of Disbursements This Page (optional).....

1235.78

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CLAY COPE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Arrow Printers Inc

Mailing Address 311 Main St

City	State	Zip Code
Ansonia	CT	06401

Purpose of Disbursement
Invitations for event

007

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 28 / 2016

Amount of Each Disbursement this Period

85.08

☐ Memo Item

Transaction ID : SB17.4264

B. DSign Digital Media, LLC

Mailing Address 76 Eastern Blvd

City	State	Zip Code
Glastonbury	CT	06033

Purpose of Disbursement
Video Production

004

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 08 / 2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Transaction ID : SB17.4257

C. William Evans

Mailing Address 325 Celia Drive

City	State	Zip Code
Wolcott	CT	06705

Purpose of Disbursement
Postage-Fundraising lettersCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 03 / 2016

Amount of Each Disbursement this Period

660.00

☐ Memo Item

Transaction ID : SB17.4255

SUBTOTAL of Disbursements This Page (optional).....

1245.08

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CLAY COPE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. William Evans

Mailing Address 325 Celia Drive

City	State	Zip Code
Wolcott	CT	06705

Purpose of Disbursement
Field Management Services

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2016

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Transaction ID : SB17.4274

B. William Evans

Mailing Address 325 Celia Drive

City	State	Zip Code
Wolcott	CT	06705

Purpose of Disbursement
Database management, voter list, web hosting

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2016

Amount of Each Disbursement this Period

1055.00

☐ Memo Item

Transaction ID : SB17.4277

c. VoterTrove, Inc.

Mailing Address 921 Cavalry Ride Trail

City	State	Zip Code
Austin	TX	78732

Purpose of Disbursement
Data base mgmt-Get Out Our Vote

007

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2016

Amount of Each Disbursement this Period

650.00

☒ Memo Item

Transaction ID : SB17.4277.0

SUBTOTAL of Disbursements This Page (optional).....

4055.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CLAY COPE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CT Secretary of the State

Mailing Address PO Box 150470

City	State	Zip Code
Hartford	CT	06115

Purpose of Disbursement
List Mgmt-Get Out our Vote

007

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2016

Amount of Each Disbursement this Period

300.00

☒ Memo Item

Transaction ID : SB17.4277.1

B. Brian Hamel

Mailing Address 6206 MacArthur Blvd

City	State	Zip Code
Bethesda	MD	20816

Purpose of Disbursement
Technology Director Salary

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2016

Amount of Each Disbursement this Period

429.75

☐ Memo Item

Transaction ID : SB17.4249

c. Brian Hamel

Mailing Address 6206 MacArthur Blvd

City	State	Zip Code
Bethesda	MD	20816

Purpose of Disbursement
Payroll-Technology Director

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		04		2016

Amount of Each Disbursement this Period

429.75

☐ Memo Item

Transaction ID : SB17.4269

SUBTOTAL of Disbursements This Page (optional).....

859.50

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CLAY COPE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. George Linkletter

Mailing Address 98 Route 37 S

City	State	Zip Code
Sherman	CT	06784

Purpose of Disbursement
Field Management Services

001

Candidate Name

Category/
Type

Office Sought:	House
	Senate
	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2016

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Transaction ID : SB17.4275

Full Name (Last, First, Middle Initial)

B. The Iron Rail

Mailing Address 10 Railroad St

City	State	Zip Code
New Milford	CT	06776

Purpose of Disbursement
Event Costs

007

Candidate Name

Category/
Type

Office Sought:	House
	Senate
	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		23		2016

Amount of Each Disbursement this Period

390.00

☐ Memo Item

Transaction ID : SB17.4260

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	House
	Senate
	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....

3390.00

TOTAL This Period (last page this line number only).....

10785.36